Substitute for form 1449/PTO  CIFICATION DISCLOSURE				Complete if Known						
				tion Number	10/760,039					
				Date ş	January 16, 2004					
STATEMENT BY APPLICANT				med{Inventor	Tokarski					
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			Examiner Name		Unknown J. DOTE					
Sheet	$\mathcal{J}_1$	of 1	Attorney Docket Number 3216.57US02							
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JU)		(if known)		1 06 0000						
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XAMINER INITIAL	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published					
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